

COUNTY OF MAUI  
DEPARTMENT OF PLANNING  
250 SOUTH HIGH STREET  
WAILUKU, MAUI, HAWAII 96793  
TELEPHONE: (808) 270-7735 FAX: (808) 270-7634

**MOLOKAI PLANNING COMMISSION**  
**CONDITIONAL PERMIT**

**SOURCE OF LEGAL AUTHORITY:** Chapter 19.40, as amended, Maui County Code, 1980.

**INFORMATIONAL SHEET**

A Conditional Permit Application may be filed for proposed uses that are similar or related to those uses permitted within the given use zone and is for a limited period of time.

Upon submittal of the Conditional Permit Application, it will be reviewed for completeness.

Upon certification of completeness, a hearing will be scheduled with the Molokai Planning Commission to review and act upon the request.

Between the date of certification of completeness and Planning Commission hearing, the following must be completed:

**APPLICANT**

Notification of hearing date by certified mail. (Notification letter to owners and lessees within 500 feet of the subject parcel(s) are to be mailed after application accepted, and public hearing scheduled. A location map of the proposed project shall be sent with the notice (form attached). Said notification shall be done 30 days prior to the public hearing. The applicant shall submit an affidavit to the Director on a form provided by the Department certifying that notice, as required herein has been provided.

Please note that prior to mailing said Notice, the applicant shall verify the listing with the Real Property Tax Records of the County of Maui.

**PLANNING DEPARTMENT**

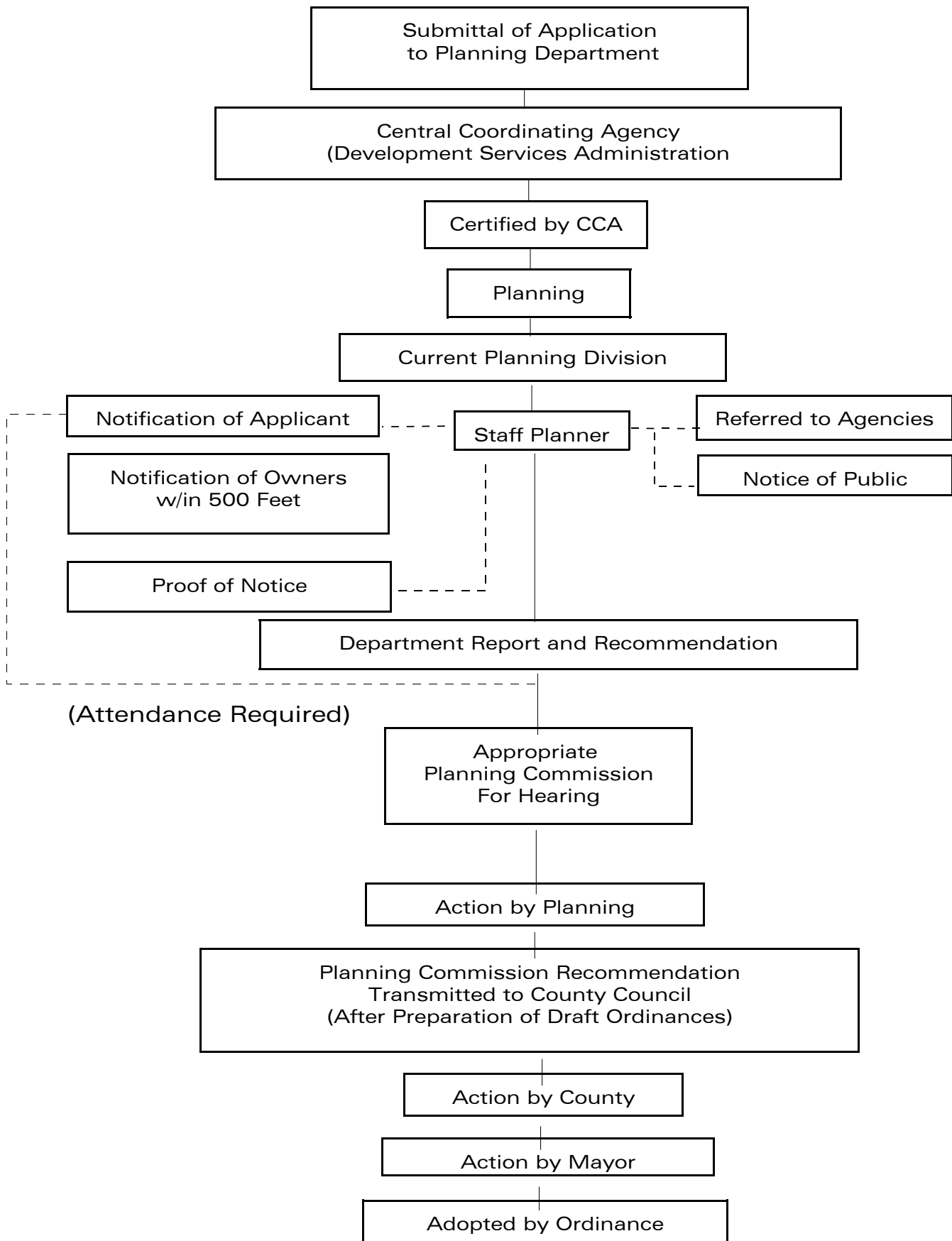
Referral to other agencies for comments.

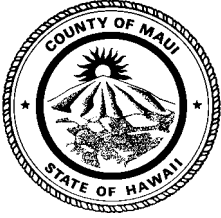
Preparation of report and recommendation.

Publish public hearing notice in a newspaper of general circulation in the County published at least twice weekly at least 30 days prior to hearing.

# CONDITIONAL PERMIT

## FLOW CHART





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**MOLOKAI PLANNING COMMISSION**  
**APPLICATION TYPE: CONDITIONAL PERMIT**

DATE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ VALUATION: \$ \_\_\_\_\_

PROPOSED DEVELOPMENT: \_\_\_\_\_

TAX MAP KEY NO.: \_\_\_\_\_ CPR/HPR NO.: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE:(B) \_\_\_\_\_ (H) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (B): \_\_\_\_\_ (H): \_\_\_\_\_ FAX: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (B): \_\_\_\_\_ (H): \_\_\_\_\_ FAX: \_\_\_\_\_

EXISTING USE OF PROPERTY: \_\_\_\_\_

CURRENT STATE LAND USE DISTRICT BOUNDARY DESIGNATION: \_\_\_\_\_

COMMUNITY PLAN DESIGNATION: \_\_\_\_\_ ZONING DESIGNATION: \_\_\_\_\_

OTHER SPECIAL DESIGNATIONS: \_\_\_\_\_

CONDITIONAL PERMIT APPLICATION  
REQUIRED SUBMITTALS

- \_\_\_\_\_ 1. Evidence that the applicant is the owner or lessee of record of the real property to be reclassified. ("lessee" means a lessee holding under recorded lease, the unexpired term of which is more than five years from the date of filing of any application or from the date that any action is taken by the commission or the council to initiate Conditional Use Permit.)
- \_\_\_\_\_ 2. A notarized letter of authorization from the legal owner if the applicant is not the owner.
- \_\_\_\_\_ 3. List of landowners and recorded lessees of real property within a 500-foot radius of the subject parcel. This list should be obtained from the most current available list at the Maui County Department of Finance, Real Property Division. This list should include the tax map key numbers and the names and addresses of all owners and lessees to be notified, including a map drawn to scale, clearly defining the 500 feet notification boundary and the parcels affected.
- \_\_\_\_\_ 4. Original + 1 copy of the completed Application Form.
- \_\_\_\_\_ 5. Reasons justifying the request (original + 1 copy).
- \_\_\_\_\_ 6. Original + 1 set of a plot plan of the property, drawn to scale, to include but not be limited to, existing and proposed structure(s), (architectural plans to include elevation, sections, floor plan, etc.), driveway access, parking area, etc.
- \_\_\_\_\_ 7. Photographs (preferably slides) of the project site.
- \_\_\_\_\_ 8. **Non-refundable filing fee** (see Fee Schedule, Table A), payable to *County of Maui, Director of Finance*.

An original + 1 collated copy of Items 4-6 should be submitted for Planning Department's review as to completeness for agency review. When the application is deemed complete for agency review, the Planning Department will contact the applicant to submit the number of copies needed for agency transmittal.

Date: \_\_\_\_\_

TO: Owner/Lessee

Please be informed that the undersigned has applied to the \_\_\_\_\_  
Planning Commission of the County of Maui for a Conditional Permit at the following  
parcel(s):

1. Tax Map Key: \_\_\_\_\_
2. Location: In the vicinity of \_\_\_\_\_
3. Zoning Designation: \_\_\_\_\_
4. Proposed Use: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE PLANNING DEPARTMENT:**

PLANNING COMMISSION: \_\_\_\_\_

PUBLIC HEARING DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

Attached please find a map identifying the location of the specific parcel(s) being considered in the  
above-referenced request.

The hearing is held under the authority of Chapter 92, Hawaii Revised Statutes, Title 19 of the Maui  
County Code and the appropriate Planning Commission Rules.

Testimony relative to this request may be submitted in writing to the appropriate Planning  
Commission, c/o the Maui Planning Department, 250 South High Street, Wailuku, Maui, Hawaii, 96793, or  
presented in person at the time of the public hearing.

Information relative to the application is available for review at the Planning  
Department, 250 South. High Street, Wailuku, Maui, Hawaii; Telephone: (808) 270-7735; toll free from  
Molokai 1-800-272-0117, Extension 7735; and toll free from Lanai 1-800-272-0125, Extension 7735.

\_\_\_\_\_  
Name of Applicant- Please print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_ ( ) \_\_\_\_\_  
Telephone

ATTACHMENT E

NOTARIZED AFFIDAVIT OF MAILING OF  
NOTICE OF PUBLIC HEARING

\_\_\_\_\_, being first duly sworn, on oath, deposes and  
says:

1. Affiant is the applicant for a \_\_\_\_\_  
for land situated at \_\_\_\_\_,  
TMK: \_\_\_\_\_
2. Affiant did on \_\_\_\_\_, \_\_\_\_\_, deposit in the  
United States mail, postage prepaid, by certified or registered mail, return  
receipt requested, a copy of a Notice of Hearing with location map, a  
copy of which is attached hereto as "Exhibit A" and made a part here of,  
addressed to each of the persons identified in the list of recorded owners  
and lessees identified as "Exhibit B," attached hereto and made a part  
hereof.
3. Thereafter, there was returned to the office of Affiant the United States  
Post Office certified or registered mail receipts and return receipts which  
are attached hereto as "Exhibit C" and made a part hereof.

Further, Affiant sayeth naught:

\_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Hawaii  
My commission expires: \_\_\_\_\_

COUNTY OF MAUI  
DEPARTMENT OF PLANNING

ZONING AND FLOOD CONFIRMATION REQUEST FORM

APPLICANT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

ADDRESS AND/OR LOCATION: \_\_\_\_\_

TMK NUMBER(S): \_\_\_\_\_

**ZONING INFORMATION**

STATE LAND USE \_\_\_\_\_ COMMUNITY PLAN \_\_\_\_\_

COUNTY ZONING \_\_\_\_\_ SPECIAL DISTRICT \_\_\_\_\_

OTHER \_\_\_\_\_

**FLOOD INFORMATION**

FLOOD HAZARD AREA\* ZONE \_\_\_\_\_

BASE FLOOD ELEVATION \_\_\_\_\_ mean sea level, 1929 National  
Geodetic Vertical Datum or for Flood Zone A0, FLOOD DEPTH \_\_\_\_\_ feet.

FLOODWAY [ ] Yes or [ ] No

FLOOD DEVELOPMENT PERMIT IS REQUIRED [ ] Yes or [ ] No

\* For flood hazard area zones B or C; a flood development permit would be required if any work is done in any drainage facility or stream area that would reduce the capacity of the drainage facility, river, or stream, or adversely affect downstream property.

\*\*\*\*\*

**FOR COUNTY USE ONLY**

REMARKS/COMMENTS: \_\_\_\_\_

- ☐ Additional information required.
- ☐ Information submitted is correct.
- ☐ Correction has been made and initialed.

Reviewed and Confirmed by:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Zoning Administration and Enforcement Division

7/03